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**CENTRAL FAX CENTER****JAN 15 2008****FAX TRANSMISSION****DATE:** January 15, 2008**PTO IDENTIFIER:** Application Number 10/667,375-Conf. #9203  
Patent Number**Inventor:** Dae Jin LIM et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** BIRCH, STEWART, KOLASCH & BIRCH, LLP

Esther H. Chong

**PHONE:** (703) 205-8000**Attorney Dkt. #:** 3449-0273P**PAGES (Including Cover Sheet):** 5**CONTENTS:** Fax Cover Sheet (1 page)  
Certificate of Transmission (1 page)  
Fee Transmittal (1 page)  
Request for Continued Examination Transmittal (1 page)  
Two Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)  
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PTO/SB/97 (09-04)

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Application No. (if known): 10/667,375

Attorney Docket No.: 3449-0273P

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CENTRAL FAX CENTER

## Certificate of Transmission under 37 CFR 1.8

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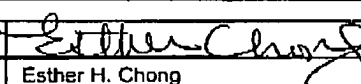
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2008 (H.R. 4141). <b>FEE TRANSMITTAL</b> <b>For FY 2008</b>		<b>Complete if Known</b>	
		Application Number	10/667,375-Conf. #9203
		Filing Date	September 23, 2003
		First Named Inventor	Dae Jin LIM
		Examiner Name	Jean Wicel Desir
		Art Unit	2622
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	3449-0273P
<b>TOTAL AMOUNT OF PAYMENT</b>		<b>(\$)</b> 1,270.00	

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: <u>02-2448</u> Deposit Account Name: <u>Birch, Stewart, Kolosch &amp; Birch, LLP</u>	
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<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

<b>FEE CALCULATION</b>																				
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>																				
	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>															
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)													
Utility	310	155	510	255	210	105														
Design	210	105	100	50	130	65														
Plant	210	105	310	155	160	80														
Reissue	310	155	510	255	620	310														
Provisional	210	105	0	0	0	0														
<b>2. EXCESS CLAIM FEES</b>																				
						Small Entity														
						Fee (\$)	Fee (\$)													
Each claim over 20 (including Reissues)						50	25													
Each independent claim over 3 (including Reissues)						210	105													
Multiple dependent claims						370	185													
<table border="0" style="width: 100%;"> <tr> <td style="text-align: center;"><u>Total Claims</u></td> <td style="text-align: center;"><u>Extra Claims</u></td> <td style="text-align: center;"><u>Fee (\$)</u></td> <td style="text-align: center;"><u>Fee Paid (\$)</u></td> </tr> <tr> <td style="text-align: center;">8</td> <td style="text-align: center;">- 20 =</td> <td style="text-align: center;">x</td> <td style="text-align: center;">=</td> </tr> </table>						<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	8	- 20 =	x	=	<table border="0" style="width: 100%;"> <tr> <td colspan="2" style="text-align: center;"><u>Multiple Dependent Claims</u></td> </tr> <tr> <td style="text-align: center;"><u>Fee (\$)</u></td> <td style="text-align: center;"><u>Fee Paid (\$)</u></td> </tr> </table>			<u>Multiple Dependent Claims</u>		<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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8	- 20 =	x	=																	
<u>Multiple Dependent Claims</u>																				
<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>																			
HP = highest number of total claims paid for, if greater than 20.																				
<table border="0" style="width: 100%;"> <tr> <td style="text-align: center;"><u>Indep. Claims</u></td> <td style="text-align: center;"><u>Extra Claims</u></td> <td style="text-align: center;"><u>Fee (\$)</u></td> <td style="text-align: center;"><u>Fee Paid (\$)</u></td> </tr> <tr> <td style="text-align: center;">4</td> <td style="text-align: center;">- 4 =</td> <td style="text-align: center;">x</td> <td style="text-align: center;">=</td> </tr> </table>						<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	4	- 4 =	x	=							
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>																	
4	- 4 =	x	=																	
HP = highest number of independent claims paid for, if greater than 3.																				
<b>3. APPLICATION SIZE FEE</b>																				
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																				
Total Sheets		Extra Sheets		Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)													
						(round up to a whole number) x	=													
<b>4. OTHER FEE(S)</b>																				
Non-English Specification, \$130 fee (no small entity discount)																				
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ...						810.00														
1252 Extension for response within second month						460.00														

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	40,953
Name (Print/Type)	Esther H. Chong	Telephone	(703) 205-8000
		Date	January 15, 2008

Birch, Stewart, Kolosch &amp; Birch, LLP

ECH/JSH/jmc